

ORGANIZATION ENDORSEMENT APPOINTMENT

411-8A (Rev. 01/2001)

DEPARTMENT OF INSURANCE

P.O. Box 1139

Sacramento, CA 95812-1139

Pursuant to Sections 1627 and 1647 of the Insurance Code

License Number of Organization:

Please **PRINT** or **TYPE**:

Organization Name:
Mailing Address:
City, State, Zip:

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE ORGANIZATION HEREBY APPOINTS AND AGREES TO EMPLOY THE PERSON(S) NAMED TO EXERCISE THE AGENCY OR BROKERAGE POWERS OF THE ORGANIZATION.

If you are appointing an applicant for an insurance license, submit only one name per form and attach the form to the application.

NOTE: Enter only ONE appointment type per line.

*Two-letter appointment types: **FX** – FIRE AND CASUALTY BROKER-AGENT **LA** – LIFE AND DISABILITY ANALYST
LX – LIFE AGENT CS – CARGO SHIPPER'S AGENT PL – PERSONAL LINES
LI – LIFE AGENT LIMITED TO PRE-NEED CI – CREDIT INSURANCE AGENT

	Appt Type	Employee's Social Security Number	Employee Name (as shown on license)	Effective Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE: (An Officer or partner must sign.)

X	Date:
Title:	Phone Number: ()

FILING FEE: Submit \$21 per appointment type. Enter number of appointments:

 X \$21

1. If you are submitting only an endorsement: **Mail Endorsement Form and Fee to:** California Department of Insurance
P.O. BOX 957
Sacramento, CA 95812-0957

OR

2. If Endorsement is being submitted with original application

Mail Endorsement Form with Application fee to:

California Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139

Receipt Code: 0106